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ABSTRACT

A child's school disorder can, and most often does, exist within the complexity of the family's transactional patterns and must be dealt with in this context. To do so, a conceptual model of family dynamics is needed. Minuchin (1979) offers a theoretical framework to help structure such a model. He and his colleagues identified five common transactional patterns among families of psychosomatic children and coined the term "psychofamilial" to describe the link which appears to exist between school disorders and family functioning. These characteristics are enmeshment, overprotectiveness, rigidity, lack of conflict resolution, and the child's intrusion into marital conflict. Psychoeducational therapy provided at the Center for Educational Development, Anahuac University, Mexico City, for children and adolescents diagnosed as having a wide assortment of learning and behavioral difficulties attempts to strengthen the marital dyad and to integrate the child's academic, cognitive, and affective experience. Applications of this model indicate that the therapist intervening with Hispanics should be sensitive to the family power hierarchy, the masculine ideal of machismo, and the respectful behavior of Hispanics in the presence of authority figures. Lack of attention to these transactional patterns may result in additional conflict between therapeutic efforts and family dynamics centered on the child's symptoms. (RH)

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Psychofamilial Correlates of School Disorders

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Running head: Psychofamilial Disorders

Abstract

A model for understanding relationships between family functioning and children's school disorders is presented. The model is based upon the work of Minuchin, Rosman, and Baker (1979) with psychosomatic children as well as the author's experience as clinical coordinator of a center for children and adolescents with academic and behavioral disorders. Five transactional patterns are identified as supporting the presence of a school disturbance: enmeshment, overprotectiveness, rigidity, lack of conflict resolution, and child intrusion in marital conflict. Each of these patterns is illustrated with case examples in order to highlight how the child's school symptoms often have an important impact on the family's organization. Some treatment suggestions are provided with special emphasis made for those practitioners working with Hispanic families.

Psychofamilial Correlates of School Disorders

The family correlates of academic and behavioral disorders have been widely studied. Tucker and Bernstein (1979) explain that there exists an unique juxtaposition of and understanding between the school and family in that they both share an influential space in the child's life. The child, through his/her observable behavior, links the two systems and as a result the school becomes a natural environment for the transferred and displaced symptoms of the child's family struggles.

Friedman (1973) describes more specifically how family interaction patterns can influence erratic classroom behavior. For instance, home standards that are contradictory or inconsistent may result in the child's disrespect or distortion of class rules. This family-school relationship may be observed if the father sets down strict and inflexible rules for the child, but the mother reacts to what she considers undue harshness by inconsistent application of the father's dictates. The end product may be that the child does not adhere to or follow consistently school regulations.

Recognizing the potential impact the family exerts on a child's school performance a family component has been incorporated into the Centro de Desarrollo Educacional (Center for Educational Development) at the Anahuac ——————————→

University in Mexico City. This center provides psychoeducational therapy for children and adolescents diagnosed as having a wide assortment of learning and behavioral difficulties. The family component has as its goal the alleviation of interactional stresses related to and often exacerbating children's school problems. Mothers are seen in weekly group sessions in which themes common to many families are discussed (e.g., establishing home-discipline programs). Individual family meetings are held at varying intervals in order to discuss particular concerns in greater detail. Fathers attend the group sessions every two to three weeks because of work schedule conflicts.

A conceptual model within which the family interaction patterns can be understood is needed to help conceptualize family dynamics. With such a model family intervention strategies can be planned more systematically. The work of Minuchin, Rosman, and Baker (1979) with families of psychosomatically-ill children offers a theoretical framework to help strucure a model to understand the family influence on school disorders.

Systems Model

The systems model of family functioning provides the constructs needed to understand how certain types of family organization are related to the development and maintenance of various syndromes in children, and how the child's symptoms in turn play an important role in maintaining the family equilibrium. In the open systems model (Figure 1) the interrelationships of family members as well as stresses existing outside the system (e.g., societal norms and pressures) exert an influence on a child who is vulnerable to school-related disturbances. Such vulnerabilities may include a genetic

Insert Figure 1 about here

predisposition to a reading disorder (as is observed with many children diagnosed as dyslexic), the presence of a physiological dysfunction related to the learning process (e.g., an auditory reception disturbance in the temporal lobe), or emotional difficulties existing within the family (e.g., having to compete with a high-achieving sibling). Once the child develops a school problem the behavioral manifestations of this disorder occupy an important position in the family organization and functioning.

Using this model, the presence of a school disorder can be viewed as a component of the family's psychological makeup. There are, of course, other components to school problems as when the method of teaching is inappropriate for the child's special academic needs or misbehavior is being reinforced intermittently by teacher or peer attention. Regardless of its cause or causes a school problem can become an intricate part of the family dynamic. Academic interventions may not be sufficient; systematic family interventions may be needed.

Family Characteristics

Minuchin and his collegues identify five common transactional patterns among families of psychosomatic children (anorexics and diabetics).[1] The transactional patterns of the "psychosomatic family" were observed in the families treated at the Anahuac University. As a result of this correspondence, the term "psychofamilial" was coined to describe the link which appears to exist between school disorders and family functioning.

The five family characteristics proposed originally by Minuchin et al. and amplified for this discussion are enmeshment, overprotectiveness, rigidity, lack of conflict resolution, and the child's intrusion in marital conflict. The following describes these patterns and illustrates their applicability to school-disordered families.

Enmeshment. Enmeshment refers to a family situation in which individuality is lost due to the overinvolvement and extreme overlapping of family members' experiences. Individual or subsystem boundaries (the psychological distance needed to maintain members' autonomy) are poorly differentiated, weak, and easily crossed. Enmeshed families are characterized by excessive togetherness, lack of privacy, and a resistance to the expression of individualism. The poorly differentiated boundaries between family members is seen, for instance, when a child parents a parent or the children are enlisted by one parent against the other.

Enmeshment was observed most frequently in the mother-child relationship with the Center's families. The mothers seemed to suffer from the child's school difficulties as if they were their own. This concern could not be viewed as simply an empathetic reaction; rather it appeared to indicate a marked overinvolvement in the child's life. The mother-child enmeshment stemmed in great part from the societal pressure exerted on the middle class Mexican woman to maintain the family's image (i.e., a nice house, a proper appearance, and smart, well-behaved children). This extrafamilial stress (overtly and covertly exacerbated by the husband) often makes maternal overinvolvement a social necessity. The pressure increases considerably if the children manifest obvious deviations from the norm.

In one family the relationship between a dysfunctional parental subsystem and the child's school disorder was quite pronounced. In order to overcome the daughter's reading difficulties the mother would dedicate hours organizing and directing the girl's homework and study time. Frustrating and exhausting battles would ensue in which the daughter would resist her mother's efforts by claiming ignorance ("This work is too difficult" or "We don't do this in school") and the mother would critize and punish the girl for being lazy. When the father would come home the girl would provide him with the day's "battle report." The father responded by criticizing the wife for being insensitive and unreasonably strict with the daughter ("After all, the girl has problems"). The child's complaints about the mother strengthened the father's position in his conflict-filled marriage. He would use his daughter's alliance as ammunition against his wife. The mother, angered and hurt by the obvious father-daughter coalition, would plan silently for the next day's confrontation. When the parents learned to confront their marital disagreements more directly the daughter's school problem lost its symbolic importance and was therefore easier to remediate.

Overprotectiveness. This pattern is observed in the excessive concern within the family. There is a hypersensitivity to signs of distress and considerable energy is spent to elicit and provide nuturing and protective behavior. A child's problem is often used to protect the family from its own inadequate patterns.

In one family there was a tremendous amount of marital discord which remained unresolved due, in part, to the intervention of the son's problems. This eight year old boy was underachieving and had

pronounced socialization problems (i.e., fighting, withdrawal from appropriate social contacts, and use of sarcasm with his classmates). In order to break the highly enmeshed mother-child relationship and encourage the boy's participation in non-competitive social activities it was suggested that the boy join the boy scouts or enroll in art or music classes. Despite repeating this suggestion several times the family made no movement to change. Part of the problem was based in a pattern in which the father would support the suggestions and the mother would find reasons for maintaining the status-quo ("It's too far" or "I won't have time to take him"). At a point at which the parents' conflict became figure and the child's problem became ground, the son would complain strongly that he did not need *or* want to do anything. The parents, responding to the boy's signals, would discontinue the discussion in order to avoid "putting too much pressure on the boy." The son had learned how to use his problems to protect the parents from themselves.

Another clear illustration of the overprotective nature of the school-disordered family was observed in the extreme sensitivity to deviations in the child's behavior. Besides the many reports from psychologists and educational diagnosticians parents had literally stacks of reports from pediatricians, neurologists, and opticians. The children were overburdened by the parents' neurotic-like desire to determine what was wrong with the child.

Rigidity. Rigidity is seen in the family's marked resistance to change. Ways of interacting are actively maintained despite evidence to indicate that such interactions are ineffective. The rigid family prevents change by denying the existence of problems serious enough to warrant it.

Resistance to change was one of the most troublesome problems faced at the Center. Parents initially seemed open to talk about areas of concern. With time, however, such discussions proved to be based upon superficial observations. When major issues were being approached (i.e., the mothers' anger at feeling unsupported by the husbands) once talkative parents became quiet and withdrawn.

Many parents would admit that they needed to change their behavior patterns but appeared rooted in bad habits. One family, for instance, was advised how they could prevent their child from playing one parent against the other. Rather than listen to the child's "tattling" the parents were told to say, "I'll talk about that with your Mother/Father." Although the parents could understand their mistakes in retrospect, they would always seem to "forget" when the target situation was at hand.

In another family the mother was told to discontinue her three hour daily homework sessions with her son. She followed these instructions for a short time, but then explained that she had to write a report for her son because he had played football all day and was too tired to complete it. When asked why she wrote the report, after hearing repeatedly that her son had to develop more responsibility for his school behavior, she replied quite casually, "I just couldn't let him get into trouble!" An excuse she used to justify and perpetuate her behavior.

Lack of conflict resolution. As a result of the rigidity, overprotectiveness, and enmeshment patterns of these families the threshold for conflict is extremely low. A balanced system exists to avoid conflict thereby preventing the successful resolution of family tensions. An example of this system is seen in the "avoider"

role in which each spouse develops his/her own techniques to avoid confronting a serious family disturbance.

The lack of conflict resolution was blamed routinely on the amount of time the center's fathers had to work ("If he would be home more often, we would be able to deal with our problems"). When the fathers were asked their point of view they replied sincerely, "I'm doing my part. I work and bring home the money. The children are my wife's responsibility. If she can't handle it that's her problem." The fathers avoided conflict by their absence and blaming attitude.

The mothers seemed to avoid conflict by minimizing or denying the degree of tension in the marital relationship. They would often complain when their husbands were not present but when given the opportunity to open the discussion with their husbands they would reply, "Maybe I am exaggerating. Things were better this week." Another destructive technique the mothers used to avoid marital conflict was to enlist the child in the marital disagreements. At times the alliance was cultivated overtly by telling the child to explain to the father why the whole family should be involved in the treatment. Other times, the use of the child was more covert as will be discussed in the following section.

Child intrusion in marital conflict. The fifth characteristic of the school disordered family, child intrusion in marital conflict, is accomplished by the careful manueverings of the family to insulate the parents from their marital problems. There are various ways in which the symptomatic child is orchestrated to play the role of protector of parental disharmony. In one role the child is put in the position of having to side with one parent against the

other. This transaction allows the allied parent to camouflage the spouse difficultiy in the name of "doing what's best for the child." In another manuever parents unite in protective concern for their "sick child," thereby diverting attention from their own conflicts by "protective detouring." In these families the child is defined as the family problem which consequently eliminates the need to examine carefully and acknowledge the more profound spouse and family disturbances.

Barragan (1976) describes a family situation which was enacted by many of the center's families. The family is characterized by a problem child, a passive and noninvolved father, and a frustrated mother. The scene is as follows:

> ...resentful of her husband for being such an idiot, mother is left with no other source of satisfaction than to be a 'good mother.' To avoid loneliness, she spends most of her time with the little boy [or girl], putting all her energy into raising the 'perfect' child. On the other hand, the child cannot go beyond his intellectual capabilities, and thus cannot comply with his mother's demands for excellence. He reacts to this situation with chronic anger and irritation...being aggressive and disobedient. The father does not stop him because he enjoys reading the newspaper or watching TV quietly, without his wife nagging him; so as long as the child keeps her busy, he is safe (p. 237).

If the child is saddled with an actual physical or physiological disorder the dysfunctional child-centering could easily develop into a crusade for the mother. In this sense, being

diagnosed as "learning disabled" can strengthen the mother's belief that she really has a "sick" child. An expert's opinion provides the parents with the reinforcement and rationalization to maintain the focus on the child. As Barragan observes, "...the more a couple centers on the children, the easier it is to avoid marital communication, because there is always something to worry, criticize, or complain about with their children" (p. 239).

Treatment Strategies

Although the major purpose of this paper is not to discuss treatment strategies, a brief discussion of therapeutic goals for children with psychofamilial school disorders may be helpful. The primary goal for these families is to strengthen the marital dyad. Parents should be helped to improve their communication and ability to resolve marital and family difficulties without the need to include the children or win their alliance. Secondly, the child with the learning problem must be helped to separate him/herself from the role of protector. With the center's families, for instance, the issue of homework occupies an important function. The mother insists, the child complains, and the father defends the child. The spouses can use the child's homework as a battle ground. If this pattern is observed, the mother is encouraged to discontinue her homework sessions with the child. The mother is shown how to function as an advisor but she must let the child have the primary responsibility for the schoolwork. This change may provoke an increase in the tension between the spouses as they will no longer have the homework as an arena for their conflicts. The increase in tension then presents

the opportunity to work with the couple to help them develop more direct methods to resolve their personal differences.

In conjunction with the systematic family intervention children should receive specialized help. The psychoeducational therapy provided at the Center is based upon an integration of three major areas:

Academic. Especially designed training programs are developed to meet the academic needs of each child. Emphasis is placed on helping the child utilize his/her academic strengths to compensate for his/her school deficits. For example, one child exceptionally talented in art was asked to make "picture stories" which later were translated into words. The written version of his art designs had obvious intrinsic value and made the reading program more interesting.

Cognitive. Children also receive training in developing cognitive strategies to control their study and work behavior. The work of Meichenbaum (1977) has been used extensively to help the impulsive and overactive children manage their school functioning more effectively.

Affective. When appropriate, children are encouraged to express their feelings about school difficulties and various problems they experience at home. Techniques such as reflection and magic circles (e.g., "It seems that when you're angry it's difficult to work") are employed frequently to stimulate apropriate emotional expression.

Parents often need help to establish discipline programs in the home. The use of "time-out" and "reinforcement menus" have

been quite successful as it helps to realign appropriately the power hierarchy in the family.

Working With the Hispanic Family

Special suggestions can be offered to the practitioner working with Hispanic families. These suggestions are provided with the understanding that the relationship between Mexican and Hispanic-American family dynamics is not clearly defined. Hispanic-Americans, by definition, have assimilated aspects of the Northamerican society which may weaken their links with the Mexican culture. Moreover, the Center's families are from middle and upper-middle class homes which would limit generalizations to other social classes.

The power hierarchy within most Mexican families is an issue most likely related to the Hispanic family dynamic. The father typically is recognized as the head of the family. He has the ultimate responsibility for decisions affecting the family system. The mother, on the other hand, has all the responsibility related to the children's education (i.e., to make sure homework is completed and high grades obtained), socialization, and domestic life (i.e., eat properly, dress appropriately, etc.). This division of roles and power often creates considerable conflict. Although the mother has to do most of the disciplining, it is commonly acknowledged that she is not the "real" boss. The mother herself will reinforce this pattern by saying, "Wait untill your father gets home!"

Given the mother's greater contact with the children and role as disciplinarian, the children are more likely to misbehave and have conflicts with her. By the time the father comes home the storm has passed and he observes his wife tired, frustrated, and complaining. The children are well-behaved and happy. With this information,

the father concludes that his wife is hysterical and ignorant of adequate discipline techniques. Rather than support his wife, he criticizes her for being ineffective ("I don't see what the problem is, they're fine with me!").

In order to work with families having this structure it is imperative that one "goes with the system" and does not attempt to introduce major changes in the family relationships. Any attempts to change radically the power and role divisions (e.g., father will be in charge of homework) will meet with immediate resistance. Involving the father in traditionally feminine roles will eliminate any possiblity of his participation. One must guard the males "macho" image. Machismo, according to Rosado (1980), is the masculine ideal of being brave, highly independent, hardworking, and free of problems. Rosado (1980) points out that seeking psychological help may be viewed by the Hispanic male as a loss of pride. The father's executive position, therefore, must be utilized for the benefit of the family. Some of his power may have to be delegated to his wife so that she will be able to deal more effectively with the children at the moment of conflict. One technique that has been quite successful is to say to the father, "You sir, have a problem in that your wife doesn't know how to discipline the children. Yet, you expect her to be as effective as you are in disciplining the children without any training. What suggestions can you offer her?" Most fathers will respond positively to this tactic as it reinforces their power in the family. They are, however, being helped to redirect their power to accept more of the responsibility regarding the children's discipline and socialization. It is important to proceed slowly, otherwise the father's resistance to change will be provoked.

Non-confrontiveness is another aspect of the Mexican family that may influence one's work with Hispanic families. The center's families generally listen quietly, ask only a few questions, give all the appearances of being in agreement with what is being said or suggested, yet, will continue to perform in habitual ways. Considerable effort is spent to avoid offending the therapist which many times means to refrain from telling someone directly that he/she is mistaken. In his work with Puerto Ricans, Rosado (1980) identifies the non-confrontive nature of the Hispanic client as a culturally appropriate reaction to authority figures. One must allow parents and children time to develop confidence in the treatment and therapist. At times, this will require that one allows certain less-serious dysfunctional patterns to continue in order to demonstrate acceptance of the parents (i.e., that one is not overly anxious to change the family). Rosado (1980) suggests that non-confrontive behaviors may be better interpreted as a form of respect than as a lack of desire to work with the therapist.

Conclusions

To those practitioners who have been working with troubled families, the observations made in this paper will be anything but revelations. There are, however, many psychologists and educational therapists who work with children diagnosed as learning or behaviorally disordered who view parent or family interviews as just another source for collecting information on the child. The main thesis of this paper is that a child's school disorder can, and most often does, exist within the complexity of the family's transactional patterns and must be dealt with as such.

Some would argue that the family patterns described are most relevant for families of children with emotional rather than academic disorders. It is important to understand that a family with a predisposition to develop dysfunctional patterns will rely on a symptom, whether it is disobedience or dyslexia, to avoid dealing with the basic disturbance in the family dynamic. The more the child-oriented therapist works to rid the child of his symptoms, the more the family works to maintain them.

There will be school disorders without pathological family concommitants. The child's problem may be an isolated instance and can be treated quite successfully within individual psychoeducational therapy. It would seem wise to become aware of the potential for a psychofamilial involvement in the disorder and be prepared to address it.

Barragan (1976) describes some indications which signal a family-related child disturbance. He explains that these families are overly child-centered. The couple focuses most of their attention on the child. Family finances are based on a disproportionately large allocation to children's needs and desires. The children, whether with social, religious, or community activities, come first almost to the point of a compulsion. One should also become concerned if the father is highly critical of the mother regarding her management of the children. As was explained above this pattern usually indicates a poorly-functioning marital subsytem and consequent need to use the children as mediators.

It cannot be emphasized strongly enough that family interviews should be conducted as a regular part of the diagnostic procedure.

Parents should be told that their involvement in the treatment plan is essential for the child's progress. At the Center, parents are told during the initial screening interview that one of them must agree to attend the weekly parent meetings in order to have their child placed in the program.

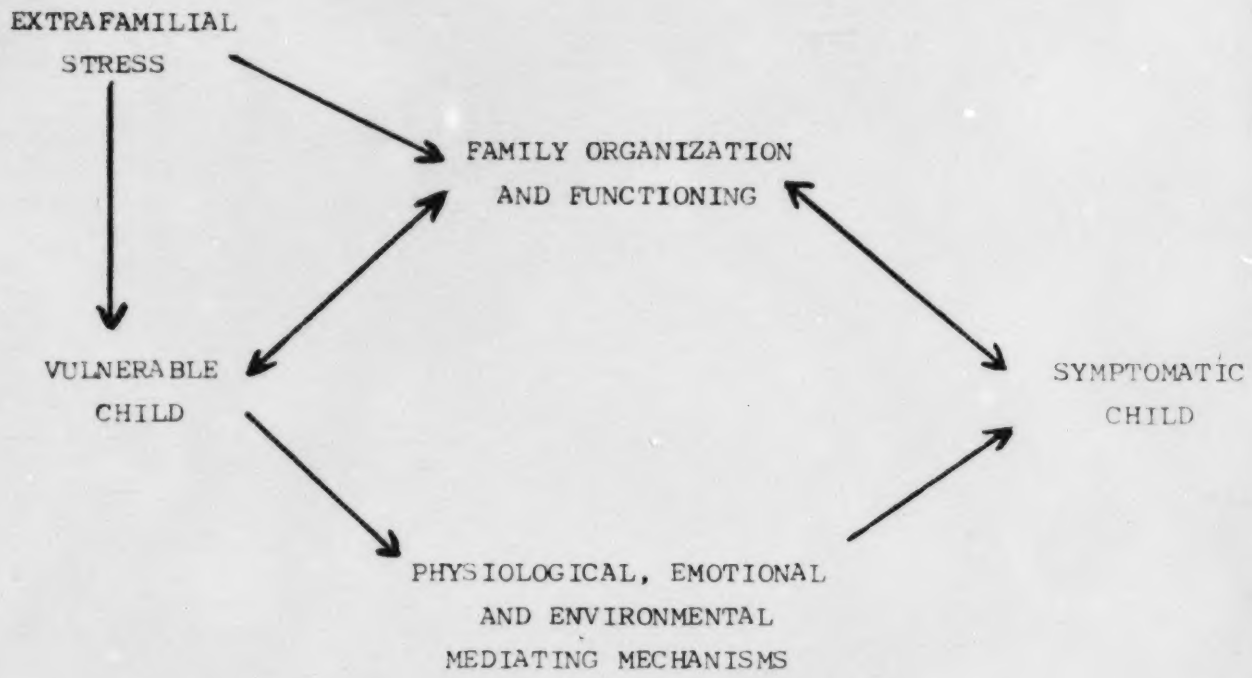
The presence of the transactional patterns described in this paper (enmeshment, overprotectiveness, rigidity, lack of conflict resolution, and child intrusion in marital conflict) must be taken seriously. Treating the child with a psychofamilial school disorder through the exclusive use of traditional psychoeducational therapy is similar to, as the saying goes, placing a band-aid on a wound that requires a tourniquet.

Footnotes

[1] Although diabetes is not considered a psychosomatic illness, the maintenance of appropriate levels of insulin is subject to various psychological factors. The discovery of the pathological transactional patterns to be described in this article began with the study of diabetic children. Despite adequate training to recognize the early warning signals of diabetic acidosis, some children needed frequent rehospitalizations for acidosis. Minuchin and his colleagues discovered consistent pathological patterns in the family relationships of these children. This work with diabetic children then led to the research with families of anorexics and the development of the clinical model which forms the theoretical framework for this paper.

Figure Caption

Figure 1. Open systems model of learning disabilities


EXTRAFAMILIAL
STRESS
FAMILY ORGANIZATION
AND FUNCTIONING
VULNERABLE
CHILD
SYMPTOMATIC
CHILD
PHYSIOLOGICAL, EMOTIONAL
AND ENVIRONMENTAL
MEDIATING MECHANISMS